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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,347	02/15/2002	Benjamin A. Pines	P56660	8906
75	90 09/22/2005		EXAMINER	
Robert E. Bushnell			CHOW, MING	
Suite 300 1522 K Street, N	N.W.		ART UNIT	PAPER NUMBER
Washington, D			2645 DATE MAILED: 09/22/2005	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)	
Interview Summary	10/075,347	PINES, BENJAMIN A.	
interview Summary	Examiner	Art Unit	
	Ming Chow	2645	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Fan Tsan</u> .	(3)		
(2) Robert Bushnell.	(4)		
Date of Interview: <u>14 September 2005</u> .			
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	2)  applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>General</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g	)☐ was not reached. h)☐ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>After careful review the oapplicant's arguments regarding the restriction requirement and the non-responsive action.</u> As requested by the applicamendment is filed for adding new claims.	riginal claims, the pending cla t sent 6/2/05, examiner agreed	ims filed 8/2/05 and to withdraw the	and the restriction
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse significant controls.	last Office action has already THE MAILING DATE OF THIS OF THE SUBSTANCE OF THE	been filed, APPI S INTERVIEW S	LICANT IS UMMARY
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	FAN TSA Supervisory pate		
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	94	7	

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required